



Agency Checklist of Immediate Retirement Procedures

Federal Employees Retirement System

Section A - Employing Office Checklist: To Be Completed by Office Maintaining Official Personnel Folder (OPF)

1. Name of applicant (<i>last, first, middle</i>)		2. Date of birth (<i>month, day, year</i>)	3. Social Security Number	
4. Type of retirement <input type="checkbox"/> <i>(action)</i>		5. Special provisions (<i>check any applicable</i>) <input type="checkbox"/> <i>r and age 50</i>		
6. Does applicant meet the requirements for continuation of health benefits coverage into retirement? <input type="checkbox"/> <i>OW</i> <input type="checkbox"/> <i>I:</i>				
6a. Enrollment code number				
7. Does applicant meet the requirements for continuation of life insurance into retirement? <input type="checkbox"/> <i>w</i> <input type="checkbox"/> <i>I:</i>				
7a. Applicant can continue Basic Life and the following options: Option A - Standard <input type="checkbox"/> Option B - Additional with the following Option C - Family <input type="checkbox"/> following No optional insurance <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
8. Are the following documents attached? Indicate by "X" for each item:		Attached	Not applicable	
a. SF 3107*		<input type="checkbox"/>	<input type="checkbox"/>	
b. All documents applicant shows as attached to SF 3107		<input type="checkbox"/>	<input type="checkbox"/>	
c. If applicant is married and did not elect the maximum		<input type="checkbox"/>	<input type="checkbox"/>	
d. SF 3107-1*		<input type="checkbox"/>	<input type="checkbox"/>	
e. If discontinued service retirement, documentation specified in Chapter 44, CSRS/FERS Handbook for Personnel and Payroll Offices (formerly FPM Supplement 830-1), including OPM Form 1510* and attachments, if available		<input type="checkbox"/>	<input type="checkbox"/>	
f. If early optional retirement, enter OPM Authority N▶		<input type="checkbox"/>	<input type="checkbox"/>	
g. Agency estimate of benefits, if prepared		<input type="checkbox"/>	<input type="checkbox"/>	
h. If applicant wants a refund of military service deposit because he/she does not want to waive military retired pay, SF 3106*		<input type="checkbox"/>	<input type="checkbox"/>	
i. If post-1956 military service is involved and applicant has not made application to make a military service deposit, OPM Form 1515*		<input type="checkbox"/>	<input type="checkbox"/>	
j. Was applicant counseled about the effects of not paying the deposit?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
k. If applicant wants Federal Income tax withheld at the same rate as while an employee, copy of W-4 form on file with your agency,		Attached <input type="checkbox"/>	N/A <input type="checkbox"/>	
9. If the annuitant meets the 5-year requirement to continue health benefits into retirement based on previous coverage as a family member under someone else's FEHB plan or prior coverage under the Uniformed Services Health Benefits Program, attach documentation		<input type="checkbox"/>	<input type="checkbox"/>	
9. If type of annuity is not disability, are the following documents attached?		Mark "X" in appropriate column		
		Attached	Not applicable	Sent to OWCP
a. All SF 2809's* in applicant's OPF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. All SF 2810's in applicant's OPF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. SF 2821*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. SF 2818*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All SF 54's* and SF 2823's* in applicant's OPF ..		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. All SF 2817's*, SF 176's*, SF 176T's*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. All SF 3102's*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If type of retirement is disability, is the employee's disability documentation specified in SF 3105* or SF 3112 attached? <input type="checkbox"/> YES <input type="checkbox"/> NO - explain ▶				
11. List any documents which are attached, but not listed above:				
12. Certification by chief personnel officer or designee I certify that the above accurately reflects verified information in official records and that the applicant has sufficient service to support title to annuity.				
Signature		Address		
Official title				
Person to contact for further information		Telephone number (<i>including area code</i>)		Submitting office number (SON)

Offenses barring annuity payments: Public Law 87-299 prohibits payment of annuity to person who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Office of Personnel Management's Retirement and Insurance Service in any case where this law possibly applies.

* See back for titles of forms referred to above.

** Postal Service personnel should refer to the Employee and Labor Relations Manual (ELM).

CSRS/FERS Handbook for Personnel and Payroll Offices

NSN 7540-01-255-3670

This form was electronically produced by Elite Federal Forms, Inc.

SF 3107 - Schedule D

Revised January 1997

Office of Personnel Management

Section B - Payroll Office Checklist: To Be Completed by Office Maintaining Individual Retirement Record (SF 3100* or SF 3100A*)		
IMPORTANT: The SF 3100 or SF 3100A must be closed out and sent to OPM no later than 5 days after the date of the final pay check.		
1. Does SF 3100 or SF 3100A for applicant named in Section A contain all information requested? <input type="checkbox"/> Yes <input type="checkbox"/> No ► explain in item 12	2. Is the applicant someone who elected to transfer to FERS and who is entitled to have a portion of his or her benefits computed under CSRS rules? <input type="checkbox"/> Yes ► go to item 3 <input type="checkbox"/> No ► go to item 4	
3. If yes, are his or her sick leave balances at the time of transfer and as of retirement shown on SF 3100 or SF 3100A? <input type="checkbox"/> Yes <input type="checkbox"/> No ► explain in item 12	4. Is applicant's last day in pay status shown on SF 3100 or SF 3100A? <input type="checkbox"/> Yes <input type="checkbox"/> No ► explain in item 12	
5. Is applicant's health benefits status posted on SF 3100 or 3100A? <input type="checkbox"/> Yes <input type="checkbox"/> No ► explain in item 12	6. If this is a preliminary SF 3100 or SF 3100A for disability retirement, is applicant's life insurance status posted? <input type="checkbox"/> Yes <input type="checkbox"/> No ► explain in item 12	
7. If applicant is continuing life insurance into retirement, is the SF 2821 with Payroll Office certifying signature attached? <input type="checkbox"/> Yes <input type="checkbox"/> No ► explain in item 12		
8a. Has applicant made a military service deposit with your agency? <input type="checkbox"/> Yes ► go to item 8b <input type="checkbox"/> No ► go to item 9a	8b. If yes, is an SF 3100 or SF 2806* for the deposit attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Record will follow	
9a. Does the applicant have any part-time service (for an employee who elected to transfer to FERS and is eligible to have a portion of his/her annuity computed under CSRS rules, any part-time service on or after April 7, 1986)? <input type="checkbox"/> Yes ► go to item 9b <input type="checkbox"/> No ► go to item 11	9b. If yes, is the number of hours in each scheduled tour of duty and the date of each change in tour of duty posted on the SF 3100 or SF 3100A (including changes to full-time and intermittent status)? If the employee worked in excess of his/her scheduled tour of duty, post the actual earnings or hours actually worked at each rate of pay. <input type="checkbox"/> Yes <input type="checkbox"/> No ► explain in item 12	
10. If the applicant is a postal employee, are postal earnings for non-deduction service shown on SF 3100? <input type="checkbox"/> Yes <input type="checkbox"/> No ► explain in item 12	11. Disposition of SF 3100 or SF 3100A: <input type="checkbox"/> SF 3100 or 3100 A and Register of Separations and Transfers (SF 3103*) are attached. <input type="checkbox"/> SF 3100 or SF 3100A was forwarded as follows:	
Forwarded to:	SF 3103 number	Date of SF 3103
12. Remarks		
13. Certification by chief payroll officer or designee I certify that the above accurately reflects official records maintained by this office.		
Signature	Date	Payroll office number
* Employees who elected to transfer to FERS may have a redesignated SF 2806 instead of or in addition to SF 3100 or SF 3100A. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>TITLES OF FORMS REFERRED TO IN SECTIONS A & B:</p> <p>SF 2806: Individual Retirement Record (CSRS)</p> <p>SF 2809: Health Benefits Registration Form</p> <p>SF 2810: Notice of Change in Health Benefits Enrollment</p> <p>SF 2817, SF 176, SF 176T: Life Insurance Election</p> <p>SF 2818: Election of Post-Retirement Basic Life Insurance Coverage</p> <p>SF 2821: Agency Certification of Insurance Status</p> <p>SF 2823: Life Insurance Designation of Beneficiary</p> <p>SF 54:</p> <p>SF 3100: Individual Retirement Record</p> </div> <div style="width: 45%;"> <p>SF 3100A: Individual Retirement Record (FERS)</p> <p>SF 3102: FERS Designation of Beneficiary</p> <p>SF 3103: Register of Separations and Transfers</p> <p>SF 3105 or SF 3112: Documentation in Support of Disability</p> <p>SF 3106: Application for Refund of Retirement Deductions</p> <p>SF 3107: Application for Immediate Retirement</p> <p>SF 3107-1: Certified Summary of Federal Service</p> <p>SF 3107-2: Spouse's Consent to Survivor Election</p> <p>OPM Form 1510: Certification of Agency Offer of Position and Required Documentation</p> <p>OPM Form 1515: Military Service Deposit Election</p> </div> </div>		